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UNITED STATES OF AMERICA.

RECORD

OF

MEDICAL EXAMINATIONS

FOR

LIFE INSURANCE

PREPARED BY

GEORGE W. WELLS, A. M., M. D.

Editor THE MEDICAL EXAMINER

Resident Physician Manhattan Life Ins. Co.

MAR 16 1897

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THE MEDICAL EXAMINER

150 Nassau St., New York

1897

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PREFACE.

Every medical examiner should preserve a transcript of his insurance work for several reasons:

First—He should have a record of all his daily transactions.

Second—He should preserve this record as a basis for comparison and correction, in case the applicant presents himself for examination subsequently.

Third—In case of death of the insured, the physician will be in a position to answer any question asked him by the Company with confidence and satisfaction to himself.

Fourth—Any case examined is liable to become the subject of legal inquiry. As records are sometimes very difficult to obtain, in that event it will be both convenient and necessary for the physician to be in possession of data which will enable him to act intelligently in the matter, particularly if called upon to testify.

This blank has been carefully prepared with these contingencies in view, in the hope that it may serve the medical examiner a good purpose on many occasions. It is, of course, impossible to make the wording correspond with that in each one of the blanks in use, but the endeavor has been to provide a form for an intelligent record of all the information obtained and furnished to the Company.

GEO. W. WELLS, M.D.

NEW YORK, February 1, 1897.

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COPYRIGHT, 1897, BY THE MEDICAL EXAMINER.

Record of Medical Examination by ..... M. D.

For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc.? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

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Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

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Of Constitutional Disease.....

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Weight.....lbs. Height.....feet.....inches.

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Pulse regular, irregular or intermittent.....

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Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

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Condition, habits, personal or family history detrimental?.....

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Blood..... Urates..... Phosphates.....

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Of Mind.....

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Of Genito-Urinary Organs.....

Of Cutaneous System.....

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Resembles which parent .....

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Personal acquaintance or introduction by whom.....

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Weight.....lbs. Height.....feet.....inches.

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Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

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Father's Mother..						
Mother						
Mother's Father.						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For..... Ins. Co. at.....18....
Kind of policy..... Amount of policy.....
Full name of applicant..... Residence .....
Occupation and duties..... Place of business; if employed, name of employer.....
Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity ..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc.?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father.....						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters.....						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by _____ M. D.

For..... Ins. Co. at.....18....
Kind of policy..... Amount of policy.....
Full name of applicant..... Residence .....
Occupation and duties..... Place of business; if employed, name of employer.....
Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity ..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by _____ M. D.

For..... Ins. Co. at.....18....

Kind of policy..... Amount of policy.....

Full name of applicant..... Residence .....

Occupation and duties..... Place of business; if employed, name of employer.....

Date of birth..... Place of birth..... Married, single, widowed or divorced.....

Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....

Race or nationality..... Color and complexion..... Color of hair.....

Color of eyes..... Marks of identification.....

Malformation or deformity ..... Impairment of sight..... Of hearing.....

Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....

Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children .....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father.						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children .....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father.						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

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Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

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Full name of applicant..... Residence .....
Occupation and duties..... Place of business; if employed, name of employer.....
Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity ..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father.....						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters.....						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

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Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

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Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

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Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

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Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

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Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc.?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father.....						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters.....						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

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Record of Medical Examination by ..... M. D.

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Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

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Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

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Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Kind of policy ..... Amount of policy .....
Full name of applicant ..... Residence .....
Occupation and duties ..... Place of business; if employed, name of employer .....
Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....
Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....
Race or nationality ..... Color and complexion ..... Color of hair .....
Color of eyes ..... Marks of identification .....
Malformation or deformity ..... Impairment of sight ..... Of hearing .....
Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....
Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

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Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

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Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....
Of Heart.....
Of Arteries or Veins.....
Of Organs of Special Sense.....
Of Nervous System.....
Of Mind.....
Of Digestive System.....
Of Genito-Urinary Organs.....
Of Cutaneous System.....
Of Constitutional Disease.....

Name of personal physician..... Last consulted.....
Cause and result..... Consent to make inquiry and for physician to answer?.....
Character of home surroundings..... Of business environment.....
Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....
Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....
Albumin..... Sugar..... Color.....
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Quantity in 24 hours..... Urea..... Bile.....
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MICROSCOPICAL EXAMINATION.

Microscopical appearance.....
Epithelium..... Casts..... Pus.....
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SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....
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Race or nationality ..... Color and complexion ..... Color of hair .....
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Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....
Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

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Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

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Father's Father..						
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Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

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Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

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Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

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Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children .....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father.						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children .....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

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Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father ..						
Father's Mother ..						
Mother						
Mother's Father .						
Mother's Mother ..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

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Of Respiratory Apparatus.....

Of Heart.....

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Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

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Condition, habits, personal or family history detrimental?.....

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Specific gravity..... Reaction.....

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Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

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Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

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Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

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Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

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Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

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Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

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Microscopical appearance.....

Epithelium..... Casts..... Pus.....

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SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

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Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

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Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

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Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by _____ M. D.

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Kind of policy..... Amount of policy.....
Full name of applicant..... Residence .....
Occupation and duties..... Place of business; if employed, name of employer.....
Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity ..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc.?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

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Kind of policy..... Amount of policy.....
Full name of applicant..... Residence .....
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Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

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Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father.....						
Father's Father..						
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Brothers.....						
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Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

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Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

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Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

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Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

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Race or nationality..... Color and complexion..... Color of hair.....

Color of eyes..... Marks of identification.....

Malformation or deformity..... Impairment of sight..... Of hearing.....

Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....

Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

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PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

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Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

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Of Respiratory Apparatus.....

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Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

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Specific gravity..... Reaction.....

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Chlorides..... Nature and amount of sediment.....

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Microscopical appearance.....

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Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For ..... Ins. Co. at ..... 18....
Kind of policy ..... Amount of policy .....
Full name of applicant ..... Residence .....
Occupation and duties ..... Place of business; if employed, name of employer .....
Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....
Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....
Race or nationality ..... Color and complexion ..... Color of hair .....
Color of eyes ..... Marks of identification .....
Malformation or deformity ..... Impairment of sight ..... Of hearing .....
Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....
Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....
Of Heart.....
Of Arteries or Veins.....
Of Organs of Special Sense.....
Of Nervous System.....
Of Mind.....
Of Digestive System.....
Of Genito-Urinary Organs.....
Of Cutaneous System.....
Of Constitutional Disease.....

Name of personal physician..... Last consulted.....
Cause and result..... Consent to make inquiry and for physician to answer?.....
Character of home surroundings..... Of business environment.....
Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....
Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....
Albumin..... Sugar..... Color.....
Turbidity..... Odor.....
Quantity in 24 hours..... Urea..... Bile.....
Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....
Epithelium..... Casts..... Pus.....
Blood..... Urates..... Phosphates.....
Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....
If widow, date of husband's death..... Pregnant..... How long..... Number of children .....
Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....
Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....
Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....
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Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father.....						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father.						
Mother's Mother..						
Brothers.....						
Sisters.....						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....
Of Heart.....
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Of Organs of Special Sense.....
Of Nervous System.....
Of Mind.....
Of Digestive System.....
Of Genito-Urinary Organs.....
Of Cutaneous System.....
Of Constitutional Disease.....

Name of personal physician..... Last consulted.....
Cause and result..... Consent to make inquiry and for physician to answer?.....
Character of home surroundings..... Of business environment.....
Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....
Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....
Albumin..... Sugar..... Color.....
Turbidity..... Odor.....
Quantity in 24 hours..... Urea..... Bile.....
Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....
Epithelium..... Casts..... Pus.....
Blood..... Urates..... Phosphates.....
Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....
If widow, date of husband's death..... Pregnant..... How long..... Number of children .....
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Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

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Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father.						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

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Temperature..... Is he acclimatized?.....

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Of Respiratory Apparatus.....

Of Heart.....

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Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....
Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

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Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

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Age at death of mother ..... Of father .....

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	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

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Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

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Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

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Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

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Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

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Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Race or nationality ..... Color and complexion ..... Color of hair .....
Color of eyes ..... Marks of identification .....
Malformation or deformity ..... Impairment of sight ..... Of hearing .....
Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....
Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

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Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father ..						
Father's Mother ..						
Mother						
Mother's Father ..						
Mother's Mother ..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

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Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

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Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

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PERSONAL RECORD.

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Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father.....						
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Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

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Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

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Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

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Chlorides..... Nature and amount of sediment.....

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Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

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Occupation and duties..... Place of business; if employed, name of employer.....
Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity ..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

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Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

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Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

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Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

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Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

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Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children .....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

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Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

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Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father.						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

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Indications of Disease—

Of Respiratory Apparatus.....
Of Heart.....
Of Arteries or Veins.....
Of Organs of Special Sense.....
Of Nervous System.....
Of Mind.....
Of Digestive System.....
Of Genito-Urinary Organs.....
Of Cutaneous System.....
Of Constitutional Disease.....

Name of personal physician..... Last consulted.....
Cause and result..... Consent to make inquiry and for physician to answer?.....
Character of home surroundings..... Of business environment.....
Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....
Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....
Albumin..... Sugar..... Color.....
Turbidity..... Odor.....
Quantity in 24 hours..... Urea..... Bile.....
Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....
Epithelium..... Casts..... Pus.....
Blood..... Urates..... Phosphates.....
Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....
If widow, date of husband's death..... Pregnant..... How long..... Number of children .....
Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....
Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....
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Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

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Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

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Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father.						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

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Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

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Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

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FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
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PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

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Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

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	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
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Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

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Of Respiratory Apparatus.....

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Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

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Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

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Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

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Occupation and duties ..... Place of business; if employed, name of employer .....
Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....
Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....
Race or nationality ..... Color and complexion ..... Color of hair .....
Color of eyes ..... Marks of identification .....
Malformation or deformity ..... Impairment of sight ..... Of hearing .....
Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....
Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc.? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For..... Ins. Co. at.....18....
Kind of policy..... Amount of policy.....
Full name of applicant..... Residence .....
Occupation and duties..... Place of business; if employed, name of employer.....
Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity ..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father.....						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters.....						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For..... Ins. Co. at.....18....
Kind of policy..... Amount of policy.....
Full name of applicant..... Residence .....
Occupation and duties..... Place of business; if employed, name of employer.....
Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father.....						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters.....						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children .....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father.						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....
Of Heart.....
Of Arteries or Veins.....
Of Organs of Special Sense.....
Of Nervous System.....
Of Mind.....
Of Digestive System.....
Of Genito-Urinary Organs.....
Of Cutaneous System.....
Of Constitutional Disease.....

Name of personal physician..... Last consulted.....
Cause and result..... Consent to make inquiry and for physician to answer?.....
Character of home surroundings..... Of business environment.....
Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....
Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....
Albumin..... Sugar..... Color.....
Turbidity..... Odor.....
Quantity in 24 hours..... Urea..... Bile.....
Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....
Epithelium..... Casts..... Pus.....
Blood..... Urates..... Phosphates.....
Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....
If widow, date of husband's death..... Pregnant..... How long..... Number of children .....
Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....
Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....
Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....
Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father.						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

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Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by _____ M. D.

For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

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Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....
Of Heart.....
Of Arteries or Veins.....
Of Organs of Special Sense.....
Of Nervous System.....
Of Mind.....
Of Digestive System.....
Of Genito-Urinary Organs.....
Of Cutaneous System.....
Of Constitutional Disease.....

Name of personal physician..... Last consulted.....
Cause and result..... Consent to make inquiry and for physician to answer?.....
Character of home surroundings..... Of business environment.....
Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....
Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....
Albumin..... Sugar..... Color.....
Turbidity..... Odor.....
Quantity in 24 hours..... Urea..... Bile.....
Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....
Epithelium..... Casts..... Pus.....
Blood..... Urates..... Phosphates.....
Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....
If widow, date of husband's death..... Pregnant..... How long..... Number of children.....
Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....
Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....
Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....
Additional remarks and information.....

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For ..... Ins. Co. at ..... 18....
Kind of policy ..... Amount of policy .....
Full name of applicant ..... Residence .....
Occupation and duties ..... Place of business; if employed, name of employer .....
Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....
Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....
Race or nationality ..... Color and complexion ..... Color of hair .....
Color of eyes ..... Marks of identification .....
Malformation or deformity ..... Impairment of sight ..... Of hearing .....
Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....
Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For ..... Ins. Co. at ..... 18....
Kind of policy ..... Amount of policy .....
Full name of applicant ..... Residence .....
Occupation and duties ..... Place of business; if employed, name of employer .....
Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....
Now insured in ..... Amount ..... Ever declined, postponed or given
modified policy? ..... If so, give company, cause and date .....
Race or nationality ..... Color and complexion ..... Color of hair .....
Color of eyes ..... Marks of identification .....
Malformation or deformity ..... Impairment of sight ..... Of hearing .....
Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....
Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

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Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

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Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

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If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

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Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

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Kind of policy..... Amount of policy.....
Full name of applicant..... Residence .....
Occupation and duties..... Place of business; if employed, name of employer.....
Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity ..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....
Of Heart.....
Of Arteries or Veins.....
Of Organs of Special Sense.....
Of Nervous System.....
Of Mind.....
Of Digestive System.....
Of Genito-Urinary Organs.....
Of Cutaneous System.....
Of Constitutional Disease.....

Name of personal physician..... Last consulted.....
Cause and result..... Consent to make inquiry and for physician to answer?.....
Character of home surroundings..... Of business environment.....
Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....
Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....
Albumin..... Sugar..... Color.....
Turbidity..... Odor.....
Quantity in 24 hours..... Urea..... Bile.....
Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....
Epithelium..... Casts..... Pus.....
Blood..... Urates..... Phosphates.....
Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....
If widow, date of husband's death..... Pregnant..... How long..... Number of children .....
Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....
Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....
Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....
Additional remarks and information.....

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For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father.						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children .....

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Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

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Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

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Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
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Mother						
Mother's Father.						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

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Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

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Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

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Specific gravity..... Reaction.....

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Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

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Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

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PERSONAL EXAMINATION.

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Appearance and figure.....

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Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

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Character of home surroundings..... Of business environment.....

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MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

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SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

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Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

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Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

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Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

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Kind of policy..... Amount of policy.....
Full name of applicant..... Residence .....
Occupation and duties..... Place of business; if employed, name of employer.....
Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc.?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father.....						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters.....						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

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Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by _____ M. D.

For..... Ins. Co. at.....18....
Kind of policy..... Amount of policy.....
Full name of applicant..... Residence .....
Occupation and duties..... Place of business; if employed, name of employer.....
Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity ..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children .....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

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Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father.						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....
Of Heart.....
Of Arteries or Veins.....
Of Organs of Special Sense.....
Of Nervous System.....
Of Mind.....
Of Digestive System.....
Of Genito-Urinary Organs.....
Of Cutaneous System.....
Of Constitutional Disease.....

Name of personal physician..... Last consulted.....
Cause and result..... Consent to make inquiry and for physician to answer?.....
Character of home surroundings..... Of business environment.....
Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....
Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....
Albumin..... Sugar..... Color.....
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Quantity in 24 hours..... Urea..... Bile.....
Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....
Epithelium..... Casts..... Pus.....
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Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....
If widow, date of husband's death..... Pregnant..... How long..... Number of children.....
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Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....
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Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

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Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
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Mother						
Mother's Father.						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

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Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

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Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Kind of policy ..... Amount of policy .....
Full name of applicant ..... Residence .....
Occupation and duties ..... Place of business; if employed, name of employer .....
Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....
Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....
Race or nationality ..... Color and complexion ..... Color of hair .....
Color of eyes ..... Marks of identification .....
Malformation or deformity ..... Impairment of sight ..... Of hearing .....
Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....
Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

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Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

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Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For ..... Ins. Co. at ..... 18....
Kind of policy ..... Amount of policy .....
Full name of applicant ..... Residence .....
Occupation and duties ..... Place of business; if employed, name of employer .....
Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....
Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....
Race or nationality ..... Color and complexion ..... Color of hair .....
Color of eyes ..... Marks of identification .....
Malformation or deformity ..... Impairment of sight ..... Of hearing .....
Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....
Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

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Temperature..... Is he acclimatized?.....

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Of Respiratory Apparatus.....

Of Heart.....

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Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

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Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

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Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity ..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

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Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc.?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

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	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
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Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters.....						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

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Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

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Race or nationality ..... Color and complexion ..... Color of hair .....
Color of eyes ..... Marks of identification .....
Malformation or deformity ..... Impairment of sight ..... Of hearing .....
Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....
Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
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Father's Father..						
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Mother's Father..						
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PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

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Of Respiratory Apparatus.....

Of Heart.....

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Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

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Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

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Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father.....						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters.....						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

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Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

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Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

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Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

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Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....
Of Heart.....
Of Arteries or Veins.....
Of Organs of Special Sense.....
Of Nervous System.....
Of Mind.....
Of Digestive System.....
Of Genito-Urinary Organs.....
Of Cutaneous System.....
Of Constitutional Disease.....

Name of personal physician..... Last consulted.....
Cause and result..... Consent to make inquiry and for physician to answer?.....
Character of home surroundings..... Of business environment.....
Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....
Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....
Albumin..... Sugar..... Color.....
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Quantity in 24 hours..... Urea..... Bile.....
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MICROSCOPICAL EXAMINATION.

Microscopical appearance.....
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Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

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Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

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Age at death of mother ..... Of father .....

FAMILY RECORD.

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Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

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Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

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Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

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MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

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Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

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Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

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Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

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PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by _____ M. D.

For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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For..... Ins. Co. at.....18....
Kind of policy..... Amount of policy.....
Full name of applicant..... Residence .....
Occupation and duties..... Place of business; if employed, name of employer.....
Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity ..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc.?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father.....						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters.....						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For..... Ins. Co. at.....18....
Kind of policy..... Amount of policy.....
Full name of applicant..... Residence .....
Occupation and duties..... Place of business; if employed, name of employer.....
Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity ..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc.?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father.....						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters.....						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by _____ M. D.

For..... Ins. Co. at.....18....
Kind of policy..... Amount of policy.....
Full name of applicant..... Residence .....
Occupation and duties..... Place of business; if employed, name of employer.....
Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity ..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by _____ M. D.

For..... Ins. Co. at.....18....
Kind of policy..... Amount of policy.....
Full name of applicant..... Residence .....
Occupation and duties..... Place of business; if employed, name of employer.....
Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father.....						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters.....						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
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Mother						
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Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children .....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father.						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....
Of Heart.....
Of Arteries or Veins.....
Of Organs of Special Sense.....
Of Nervous System.....
Of Mind.....
Of Digestive System.....
Of Genito-Urinary Organs.....
Of Cutaneous System.....
Of Constitutional Disease.....

Name of personal physician..... Last consulted.....
Cause and result..... Consent to make inquiry and for physician to answer?.....
Character of home surroundings..... Of business environment.....
Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....
Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....
Albumin..... Sugar..... Color.....
Turbidity..... Odor.....
Quantity in 24 hours..... Urea..... Bile.....
Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....
Epithelium..... Casts..... Pus.....
Blood..... Urates..... Phosphates.....
Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....
If widow, date of husband's death..... Pregnant..... How long..... Number of children.....
Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....
Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....
Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....
Additional remarks and information.....

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Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....
Of Heart.....
Of Arteries or Veins.....
Of Organs of Special Sense.....
Of Nervous System.....
Of Mind.....
Of Digestive System.....
Of Genito-Urinary Organs.....
Of Cutaneous System.....
Of Constitutional Disease.....

Name of personal physician..... Last consulted.....
Cause and result..... Consent to make inquiry and for physician to answer?.....
Character of home surroundings..... Of business environment.....
Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....
Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....
Albumin..... Sugar..... Color.....
Turbidity..... Odor.....
Quantity in 24 hours..... Urea..... Bile.....
Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....
Epithelium..... Casts..... Pus.....
Blood..... Urates..... Phosphates.....
Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....
If widow, date of husband's death..... Pregnant..... How long..... Number of children.....
Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....
Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....
Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....
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Kind of policy..... Amount of policy.....
Full name of applicant..... Residence .....
Occupation and duties..... Place of business; if employed, name of employer.....
Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity ..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father.....						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters.....						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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For..... Ins. Co. at.....18....
Kind of policy..... Amount of policy.....
Full name of applicant..... Residence .....
Occupation and duties..... Place of business; if employed, name of employer.....
Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity ..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc.?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father.....						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters.....						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For..... Ins. Co. at.....18....
Kind of policy..... Amount of policy.....
Full name of applicant..... Residence .....
Occupation and duties..... Place of business; if employed, name of employer.....
Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father.....						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father.						
Mother's Mother..						
Brothers						
Sisters.....						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by _____ M. D.

For..... Ins. Co. at.....18....
Kind of policy..... Amount of policy.....
Full name of applicant..... Residence .....
Occupation and duties..... Place of business; if employed, name of employer.....
Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity ..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....
Of Heart.....
Of Arteries or Veins.....
Of Organs of Special Sense.....
Of Nervous System.....
Of Mind.....
Of Digestive System.....
Of Genito-Urinary Organs.....
Of Cutaneous System.....
Of Constitutional Disease.....

Name of personal physician..... Last consulted.....
Cause and result..... Consent to make inquiry and for physician to answer?.....
Character of home surroundings..... Of business environment.....
Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....
Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....
Albumin..... Sugar..... Color.....
Turbidity..... Odor.....
Quantity in 24 hours..... Urea..... Bile.....
Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....
Epithelium..... Casts..... Pus.....
Blood..... Urates..... Phosphates.....
Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....
If widow, date of husband's death..... Pregnant..... How long..... Number of children.....
Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....
Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....
Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....
Additional remarks and information.....

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For ..... Ins. Co. at ..... 18....
Kind of policy ..... Amount of policy .....
Full name of applicant ..... Residence .....
Occupation and duties ..... Place of business; if employed, name of employer .....
Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....
Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....
Race or nationality ..... Color and complexion ..... Color of hair .....
Color of eyes ..... Marks of identification .....
Malformation or deformity ..... Impairment of sight ..... Of hearing .....
Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....
Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....
Of Heart.....
Of Arteries or Veins.....
Of Organs of Special Sense.....
Of Nervous System.....
Of Mind.....
Of Digestive System.....
Of Genito-Urinary Organs.....
Of Cutaneous System.....
Of Constitutional Disease.....

Name of personal physician..... Last consulted.....
Cause and result..... Consent to make inquiry and for physician to answer?.....
Character of home surroundings..... Of business environment.....
Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....
Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....
Albumin..... Sugar..... Color.....
Turbidity..... Odor.....
Quantity in 24 hours..... Urea..... Bile.....
Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....
Epithelium..... Casts..... Pus.....
Blood..... Urates..... Phosphates.....
Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....
If widow, date of husband's death..... Pregnant..... How long..... Number of children .....
Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....
Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....
Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....
Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father.						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children .....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

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Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

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Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father.						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

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Of Respiratory Apparatus.....

Of Heart.....

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Of Organs of Special Sense.....

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Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

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Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity ..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father.....						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters.....						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

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Malformation or deformity ..... Impairment of sight ..... Of hearing .....
Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....
Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

–	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

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Full name of applicant ..... Residence .....
Occupation and duties ..... Place of business; if employed, name of employer .....
Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....
Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....
Race or nationality ..... Color and complexion ..... Color of hair .....
Color of eyes ..... Marks of identification .....
Malformation or deformity ..... Impairment of sight ..... Of hearing .....
Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....
Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc.? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father ..						
Father's Mother ..						
Mother						
Mother's Father ..						
Mother's Mother ..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

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Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

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Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

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Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father.....						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father.						
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Brothers.....						
Sisters.....						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

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Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

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Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

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Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

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Race or nationality..... Color and complexion..... Color of hair.....
Color of eyes..... Marks of identification.....
Malformation or deformity ..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
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Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father.....						
Father's Father..						
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Sisters.....						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

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Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

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Specific gravity..... Reaction.....

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Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

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Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

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Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children .....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by _____ M. D.

For ..... Ins. Co. at ..... 18....

Kind of policy ..... Amount of policy .....

Full name of applicant ..... Residence .....

Occupation and duties ..... Place of business; if employed, name of employer .....

Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....

Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....

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Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

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Age at death of mother ..... Of father .....

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	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
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Father's Father ..						
Father's Mother ..						
Mother						
Mother's Father .						
Mother's Mother ..						
Brothers						
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Of Respiratory Apparatus.....

Of Heart.....

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Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

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Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

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Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

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	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
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Father's Father..						
Father's Mother..						
Mother						
Mother's Father.						
Mother's Mother..						
Brothers						
Sisters						

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Of Organs of Special Sense.....

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Of Mind.....

Of Digestive System.....

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Of Cutaneous System.....

Of Constitutional Disease.....

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Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

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Color of eyes ..... Marks of identification .....

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	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
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Resembles which parent .....

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Personal acquaintance or introduction by whom.....

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Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

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Condition, habits, personal or family history detrimental?.....

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Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

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Microscopical appearance.....

Epithelium..... Casts..... Pus.....

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Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

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Kind of policy ..... Amount of policy .....

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Occupation and duties ..... Place of business; if employed, name of employer .....

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Race or nationality ..... Color and complexion ..... Color of hair .....

Color of eyes ..... Marks of identification .....

Malformation or deformity ..... Impairment of sight ..... Of hearing .....

Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....

Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.? .....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.? .....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.? .....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.? .....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ? .....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars .....

Any action at law on account of? ..... Result? .....

Age at death of mother ..... Of father .....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
Father's Father..						
Father's Mother..						
Mother						
Mother's Father..						
Mother's Mother..						
Brothers						
Sisters						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars .....

Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

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Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....
Of Heart.....
Of Arteries or Veins.....
Of Organs of Special Sense.....
Of Nervous System.....
Of Mind.....
Of Digestive System.....
Of Genito-Urinary Organs.....
Of Cutaneous System.....
Of Constitutional Disease.....

Name of personal physician..... Last consulted.....
Cause and result..... Consent to make inquiry and for physician to answer?.....
Character of home surroundings..... Of business environment.....
Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....
Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....
Albumin..... Sugar..... Color.....
Turbidity..... Odor.....
Quantity in 24 hours..... Urea..... Bile.....
Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....
Epithelium..... Casts..... Pus.....
Blood..... Urates..... Phosphates.....
Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....
If widow, date of husband's death..... Pregnant..... How long..... Number of children.....
Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....
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Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....
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Record of Medical Examination by ..... M. D.

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Date of birth..... Place of birth..... Married, single, widowed or divorced.....
Now insured in..... Amount..... Ever declined, postponed or given modified policy?..... If so, give company, cause and date.....
Race or nationality..... Color and complexion..... Color of hair.....
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Malformation or deformity..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

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Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father						
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Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

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Indications of Disease—

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Of Heart.....

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Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

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Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

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Cause and result..... Consent to make inquiry and for physician to answer?.....

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Malformation or deformity ..... Impairment of sight..... Of hearing.....
Pensioner; if so, for what disability..... Ruptured..... Wear truss..... Vaccinated.....
Habits past and present regarding use of liquor..... Tobacco.....Narcotics.....Treatment.....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.?.....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.?.....

Of digestive organs, such as Dyspepsia, Liver Disease, Piles, Chronic Diarrhœa, etc.?.....

Of circulatory system, such as Palpitation, Pain in Region of Heart, etc.?.....

Of genito-urinary organs, such as Syphilis, Gonorrhœa, Gravel, Dropsy, etc.?.....

Of respiratory organs, such as Asthma, Spitting or Coughing of Blood, Pleurisy, Pneumonia, etc.?.....

Any other serious disease, such as Inflammatory Rheumatism, Gout, Cancer, Colic, renal or hepatic, Sunstroke, etc ?.....

Ever had any disease or accident which left serious consequences, either physical or mental? State particulars.....

Any action at law on account of?..... Result?.....

Age at death of mother..... Of father.....

FAMILY RECORD.

	AGE IF LIVING	HEALTH.	AGE AT DEATH.	CAUSE.	HOW LONG SICK.	PREVIOUS HEALTH.
Father.....						
Father's Father..						
Father's Mother..						
Mother.....						
Mother's Father..						
Mother's Mother..						
Brothers.....						
Sisters.....						

Have Aunts or Uncles had any inherited disease? if so, paternal or maternal, and full particulars.....
Resembles which parent .....

PERSONAL EXAMINATION.

Personal acquaintance or introduction by whom.....

Appearance and figure.....

Weight.....lbs. Height.....feet.....inches.

Abdomen at umbilicus.....inches.

Chest at inspiration.....inches. At expiration.....inches.

Number of respirations a minute..... Pulse.....

Pulse regular, irregular or intermittent.....

Temperature..... Is he acclimatized?.....

Indications of Disease—

Of Respiratory Apparatus.....

Of Heart.....

Of Arteries or Veins.....

Of Organs of Special Sense.....

Of Nervous System.....

Of Mind.....

Of Digestive System.....

Of Genito-Urinary Organs.....

Of Cutaneous System.....

Of Constitutional Disease.....

Name of personal physician..... Last consulted.....

Cause and result..... Consent to make inquiry and for physician to answer?.....

Character of home surroundings..... Of business environment.....

Member of immediate family afflicted with, or recently died of infectious disease, such as consumption, syphilis, etc.?.....

Condition, habits, personal or family history detrimental?.....

URINARY ANALYSIS.

Specific gravity..... Reaction.....

Albumin..... Sugar..... Color.....

Turbidity..... Odor.....

Quantity in 24 hours..... Urea..... Bile.....

Chlorides..... Nature and amount of sediment.....

MICROSCOPICAL EXAMINATION.

Microscopical appearance.....

Epithelium..... Casts..... Pus.....

Blood..... Urates..... Phosphates.....

Other elements.....

SPECIAL FEMALE EXAMINATION.

Single, married, widowed or divorced..... Date of marriage..... If husband living, occupation.....

If widow, date of husband's death..... Pregnant..... How long..... Number of children.....

Age of youngest..... Nursing?..... Miscarriages..... Date, cause and result.....

Any serious trouble in labor..... Menstruation regular?..... Diseases of breast.....

Of reproductive organs?..... Passed climacteric..... Date and unfavorable symptoms, if any.....

Recommendations..... Action of Company..... Amount of policy..... Kind of policy.....

Additional remarks and information.....

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Record of Medical Examination by ..... M. D.

For ..... Ins. Co. at ..... 18....
Kind of policy ..... Amount of policy .....
Full name of applicant ..... Residence .....
Occupation and duties ..... Place of business; if employed, name of employer .....
Date of birth ..... Place of birth ..... Married, single, widowed or divorced .....
Now insured in ..... Amount ..... Ever declined, postponed or given modified policy? ..... If so, give company, cause and date .....
Race or nationality ..... Color and complexion ..... Color of hair .....
Color of eyes ..... Marks of identification .....
Malformation or deformity ..... Impairment of sight ..... Of hearing .....
Pensioner; if so, for what disability ..... Ruptured ..... Wear truss ..... Vaccinated .....
Habits past and present regarding use of liquor ..... Tobacco ..... Narcotics ..... Treatment .....

PERSONAL RECORD.

Ever had any constitutional disease, such as Consumption, Scrofula, Insanity, etc.? .....

Ever had disease of nervous system, such as Epilepsy, Paralysis, Apoplexy, etc.? .....

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Age at death of mother ..... Of father .....

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Resembles which parent .....

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